

P21000076626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

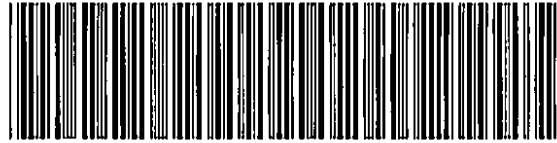
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 26 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

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08/27/21 F1901 -004 \$470.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/26 DANNY

☐ **CERTIFIED COPY** _____
xx **PHOTOCOPY** _____
☐ **CUS** _____
xx **FILING** INC _____

1. CONTRACTOR CONNECT HOLDINGS, INC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: Contractor Connect Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4206 NW 16th Terrace

Cape Coral, FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: transacting any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph G. Powless, DP

Name and Title: _____

Address 4206 NW 16th Terrace

Address: _____

Cape Coral, FL 33993

Name and Title: Jeffrey C. Mahoney, DSTVP

Name and Title: _____

Address 2301 SW 15th Place

Address: _____

Cape Coral, FL 33991

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeff Novatt, Esq.

Address: 1415 Panther Lane, Suite 432

Naples, FL 34109

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jeff Novatt, Esq.

Address: 1415 Panther Lane, Suite 432

Naples, FL 34109

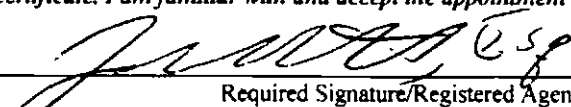
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

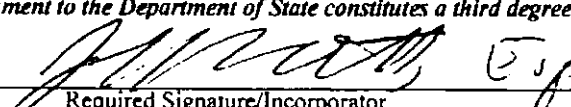
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

August 26, 2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

August 26, 2021

Date